

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	<i>T2886</i>	<i>11-28-01</i>
RESPONSE FORMALITY REVIEW	<i>A.T.</i>	<i>1071</i>	<i>08/14/02</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
12	12/15/01
13	12/15/01
14	12/15/01
15	12/15/01
16	12/15/01
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Claim	Date
Final Original	
51	12/15/01
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Claim	Date
Final Original	
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150	12/15/01

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

11/29/01